

TENNESSEE DEPARTMENT OF REVENUE VEHICLE TAXPAYER SERVICES DIVISION MULTI-PURPOSE APPLICATION

OFFICIAL VEHICLE REGISTRATION



| City Stickers: | | | | | | | | | | | | IIII BABT | er ibbr | | | TATE | | |
|--|--|--------------------------------|--------------------------------|-----------------------|-----------------------------------|--|---------|---|----------------------|----------------|-------------|------------------|------------|--|-----------|-----------|--|--|
| NEW OR CURRENT TITLE NUMBER | | | | | TR | ANSACTION ODE | | REGIST | RATION ONLY | NUMBER | | | | | | | | |
| 97008792 | | | | | | N01 | | | | | Quality (c) | tel te su | | r | | T | | |
| OWNER INFORMATION 'LEGAL STATUS: 1 (AND) 2 (0R) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERI | | | | | | | | NT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5 | | | | 28 CHARACT | ERS) | MAO N ILU N | | | | |
| BSE TRAILER | | | | | | | | | | | | | | | | | | |
| ADDRESS 1 (MAILING) | | | | | | | ADD | RESS 2 (PHYSIC | CAL) | | | | | | | | | |
| 10233 GOVER | NOR LN BLV | D | | | | | | | | | | | | | | | | |
| WILLIAMSPORT MD | | | MD | ZIP CODE 21795 | | | | СПУ | | | | | TATE | ZIP CODE R 1 'INSURANCE POLICY # | | | | |
| HAMILTON 03 | | O1/13 | | | O SER | VICE OPTION | ıs 🗌 | 240 7 | 72 550 | | ARD/HE | ARING IMPAIF | KED CLS/Y | INSURAN | JE POLICY | * | | |
| VEHICLE INFORMATION VIN | | MAKE | MOI | DEL | YEAR | BODY | ТП | LE BRAND - tran | nstation | | | CODE | TYPE OF | FUEL - translation | | CODE | | |
| 3H3V532C2HT367211 | | HYTR | | 3H3 2017 | | SE | NEV | NEW | | | | N | | | | 9 | | |
| SURRENDERED TITLE # | | STATE | PREVIOUS | | | VEHICLE | | VEHICLE TYPE | CURRE | NT MILEA | GE | ODOMETER | R ACTUAL (|) NOT ACTUAL (8) | | CODE | | |
| MSO | | CA | A | | | F | | s | | | | (List one) | IN EXCESS | VRS / 16,000 LBS (1) OF MECHANICAL LIMITS (9) | | 1 | | |
| COLOR CODE (enter appropriate code)* UPPER LOWER LOWER LOTH WIDTH | | | | # AXLES | GRO | DSS VEHICLE | WEIG | SHT | *VEHICLE TRADE-IN | | N DESC | RIPTION | | COMPANY VEHICLE # | | | | |
| PLATE INFORMATION '(requ | | | istration Only | | | | | | | ADE INVO | | CLASS CODE/ | ISSUE VO | 2) EVDIDAT | ION DATE | (1)(2)(3) | | |
| PLATE #(1) CL | ASSCODE/ISSUEYR(1) 8020/1994 | 820 11 | JATION#(1) | 100 | UNTY STICK | ER#(I) C | 111 511 | ICKER #(1)(2) | *PLATE#(TR | ADE 111)(2) | | DEASS CODE | ISSUE TRE | | ERMA | | | |
| TDR STICKER #(4) | TEMP OPERATOR PER | | # OF SE | ATS(5) | ZONE(CC | DUNTY NAME |)(6) | | SDOT / REGIS | STRANT #(| 7) | | | MOTOR CARRIER | R #(8) | | | |
| | | | | | | | | | | | | | | | | | | |
| SUNTRUST BANK 120 E BALTIMORE ST 25 FL | | | | | | | CITY | CITY BALTIMORE | | | | STA | MD | 01/13/2016 ZIP CODE 21202 LIEN DATE | | | | |
| LIEN CODE SECOND L | IENHOLDER | | | | | | | | | | | | | | LIEN DA | | | |
| STREET | CITY | | | | | | | | | | STATE | | | ZIP CODE | | | | |
| HEADER I DEGISTRING INC. | | | | LEGAL S | TATUS |] | CODE | П. | MAO [| ILU 🗌 | | | | | | | | |
| *LESSEE / REGISTRANT INF NAME | ORMATION(OWNER O | PLATE) | | LEGALS | IAIUS L | I NAME | NAM | | MAU CO | ILU L | | | | | | | | |
| ADDRESS | CITY | | | | | | | | | | | ST | ATE | ZIP CODE | | | | |
| VEHICLE COST / TAX INFOR | TEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) TAXABLE AMOUNT SALESTAX PAID TAXABLE AMOUNT SALESTAX PAID | | | | | | | | | | | | *TAX E | EXEMPTION REASON / SALES TAX # | | | | |
| DEALER NAME | EALER NAME | | | | | | | | | | | | | DEALER# | | | | |
| *Required for Duplicate Title - | T.C.A. 55-3-115 (submit | lilegible of a | Itered Certific | ate of Title |) | | | | MAN A | | | | | | EE | | | |
| LOST | STOLEN | | М | UTILATED | | | | DUE TO NON DE | | | ALTER | | | ILLE | GIBLE | | | |
| Juder penalties of perjury, I he or its assignees to determine the SIGNATURE OF CERTIFIER/ | | n provided is ation provide | true and corr d by me or or | ect to the my beha | best of my kn If. WER OF AT | nowledge, and | HORIZ | wledge that it is r ZED SIGNATURE | of the respons | ability of the | n Motor \ | Vehicle Division | D | ATE 01/2 | 8/2016 | 5 | | |
| NVOICE NUMBER | OICE NUMBER COUNTY NAME | | | | | CO NUMBER DATE OF APPLICATION BY AUTHO | | | | | | TRAR OF MO | TOR VEHIC | CLES(COUNTY C | | | | |
| 16028 @ | HAMILTO | | | | 33 | 01 | 1/28 | /2016 | W.F. | . (BIL | L) KI | NOWLE | S | | | KAR4 | | |
| OFFICE USE ONLY REGISTRATION FEE | EMISSION: T | | EASE FEE | - 17 | TRANS FEE | CLE | RKFE | | NCE FEE | LIEN FEE | | TITLE FEE | 1 | oral TAX COLLE | CTED | | | |
| 79.75 | SALES OR USE TA | (ISA | TAX | LOCAL | TAX I | ADDITIONAL | TAX | | 2.00 ECTED IN STA | | .00 | 5.5 | | .00 | : | | | |
| SALES TAX USE TO | Technology The State Office and Company | | antinol | 1.55,10 | estati (i | | | | | | | | | | | | | |
| *SERVICE OPT FEE | ORGAN DONOR | F | POSTAGE | | VER | | | ID / RESIDENCY | VERIFICATION | NC | | | ľ | 108.25 | | | | |